

Foster Family Home - Corrective Action Report

Provider ID: 4-180027

Home Name: Lucilia Madriaga, NA

Review ID: 4-180027-2

371 Waiehu Beach Road

Reviewer: David Ayling

Wailuku HI 96793

Begin Date: 4/16/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/16/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

David D. Ayling
Compliance Manager

4/16/19
Date

Lucilia P. Madriaga
Primary Care Giver

4/16/19
Date